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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Bryant et al.

Examiner: Wilson, Scott R.

Serial No.: 10/687,333

Group Art Unit: 2826

Filing Date: 10/16/2003

Title: BODY CONTACT MOSFET

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the Office Action mailed June 28, 2004, please amend the above-identified application as follows:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I certify that this correspondence of 10 pages is being transmitted by facsimile to the United States Patent and Trademark Office to: Examiner Scott R. Wilson, Art Unit 2826 at facsimile number 703 872-9306 on November 18, 2004 by Arnette Dodge

Nov. 18, 2008

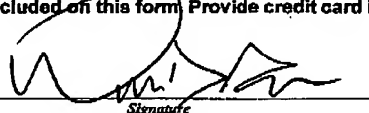
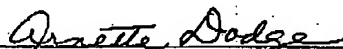
Arnette Dodge

(Signature of person transmitting paper)

BUR920000033US2

-1-

S.N. 10/687,333

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. BUR92000033US2	
Applicant(s): Bryant et al					
Application No. 10/687,333	Filing Date 10/16/2003	Examiner Scott R. Wilson	Customer No. 24241	Group Art Unit 2826	Confirmation No. 8776
Invention: BODY CONTACT MOSFET					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14	20	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2	3	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0456 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: Nov. 18, 2004		
William D. Sabo, Reg. 27,465 IBM Corporation 1000 River Street, 972E Essex Junction, VT 05452 (802)769-9454			<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: right;">MAILED</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.6(e)] on 11-18-2004 (Date)</p> <p style="text-align: center;"> Signature of Person Mailing Correspondence</p> <p style="text-align: center;">Arnette Dodge Typed or Printed Name of Person Mailing Correspondence</p> </div>		
cc:					